



REQUEST FOR ELECTRICAL INSPECTION,
TRAINING OR PLAN REVIEW
SBD-10822 (N.07/06)

SAFETY & BUILDINGS
PO BOX 7162
MADISON WI 53707-7162

Safety & Buildings Division
Bureau of Integrated Services

NOTE: Personal information you provide may be used
for secondary purposes
[Privacy Law s. 15.04(1)(m), Stats.]

This form shall be utilized to request electrical inspection, training or plan review.
A separate application is required for each request. Identify your request:

Transaction ID: _____
Assigned To: _____
Requested Date: _____

Object Information (X) Inspection of Electrical Service () Over 600 Volts (X) Inspection of Electrical Distribution System () Plan Review of Electrical Service () Plan Review of Electrical Distribution System () Training (X) Service Inspection Verification Needed (X) Project Completion Verification Needed	Occupancy Type Major Use – Check Use with the Greatest Floor Area () A Assembly () B Business/Office () E Educational () F Factory/Industrial () H Hazardous () I Institutional/Daycare/CBRF () M Mercantile/Retail () R Residential () S Storage (X) U Utility/Misc/Agricultural Additional Non-Accessory Occupancies – Circle All that Apply) A1 A2 A3 A4 A5 B E F1 F2 H1 H2 H3 H4 H5 I1 I2 I3 I4 M R1 R2 R3 R4 S1 S2 U
Owner Information (Customer 1) First Name Last Name Customer Number <i>Bill Burghouse</i> Company Name <i>Burghouse Dairy</i> Address <i>N 8765 Lake Road</i> City State Zip+4 (9 digits) <i>Brillion WI 54110</i> Phone Number (area code) Fax E-Mail <i>920-555-1212 920-555-1200 billsdairy@wi.rr.net</i>	Project Information – Fill in all known information Project/Site Name <i>Burghouse Dairy</i> Tenant name or building designation Previous Tenant Name Number & Street <i>N 8765 Lake Road</i> City () Village () Town (X) of <i>Brillion</i> County <i>Manitowoc</i>
Installer Information (Customer 2) First Name Last Name Customer Number <i>Mick Korrey</i> Company Name <i>Korrey and Daughters Electric LLC</i> Address <i>N818 Brown Bear Road</i> City State Zip+4 (9 digits) <i>Kaukauna WI 54130</i> Phone Number (area code) Fax E-Mail <i>920-865-555 920-865-5000 korreymike@wi.rr.com</i> Customer ID # 140104 (optional) (Master Electrician or Journeyman)	Electrical Utility (Customer 3) NOTE: The verification form for a service will be sent to Customer 3. The verification statement for the project will be sent to the billing payee. First Name Last Name Customer Number <i>Joe Holstein</i> Company Name <i>Manitowoc Electric</i> Address <i>121 W Electric Ave</i> City State Zip+4 (9 digits) <i>Manitowoc WI 53212</i> Phone Number (area code) Fax E-Mail <i>920-765-9000 920-765-9000 jholstein@me-circuits.com</i> X <input type="checkbox"/> Electric Service Provider <input type="checkbox"/> Designer
Scope of Work: Please state in detail the work to be performed. Attach any additional information such as plans or specifications. (The project description should give the details for the basic elements of the electrical service and power distribution system. The details may take the form of site and floor plans, electrical equipment sizes and specifications, and electrical riser and distribution drawings. If you are requesting plan review, please submit floor plans, a riser and one-line diagram, specifications, and panel schedules. If you are requesting training, please state the proposed topic and requested date. The department will attempt to accommodate your training request and proposed topic.)	
<i>See attached site plan and project description</i>	
Make checks payable to Dept of Commerce and include with this application. (Please circle the below applicable fee.) Inspections - \$100 minimum fee Total fee calculated per Comm 2.04-2 Training – minimum fee is \$100 per hour x estimated training hours Plan Review - \$60 minimum fee Total fee calculated per Comm 2.04-(1). Submit minimum fee with application. Total amount due \$100.00 Revenue Code 7657	